



EQUITABLE

Town of Westford

Policy Number: 006110

Protection to help replace income in challenging times

Your Enrollment Period is fast approaching! If you are in an eligible class, you can take advantage of the opportunity to help protect yourself and your family. Eligible classes include: All Active Full Time Employees.

- Voluntary Short-Term Disability



SHORT-TERM DISABILITY INSURANCE

WHAT IT DOES

Pays a portion of your salary so you can cover your expenses while you're unable to perform your job function. Check with your benefits representative for your company's specific plan details.¹

HOW IT WORKS

We will start sending regular payments for a specific period of time once your case has been approved. We'll need to receive notice that you are unable to perform your job function and the supporting medical documents to help prove that. Payments will begin once you've been out of work for a set number of days, referred to as your elimination period.¹

Coverage	Details
Coverage Effective Date	06/01/2023
Weekly Benefit	Increments of \$10 with a minimum election of \$100
Maximum Weekly Benefit	The lesser of 60% of your pre-disability earnings or \$1,000
Maximum Benefit Duration	13 Weeks
Benefits Commencement	8 day(s) Accident, 8 days Sickness. You can work part time during the Elimination Period.
Guaranteed Issue Benefit	\$1,000- This is the benefit that you are eligible for without evidence of insurability.
Minimum Weekly Benefit	The minimum benefit that you can receive is \$25.
Partial Disability Provision	You can work part-time and may be eligible for benefits.
Recurrent Disability	If you have a period of disability for which benefits are paid which is followed by a subsequent disability within 15 days for the same condition, the elimination period may be waived.
Occupation Test	Your eligibility for benefits is based on the ability to perform the occupation as it is recognized in the general workplace.
Earnings Test	Your eligibility for benefits requires at least a 20% loss of earnings due to your disability.

Help make sure you have the protection you need

To calculate your cost, select the appropriate rate for your age, based on the grid below, and follow these easy steps.

	EXAMPLE:	YOUR DATA:
1. Find your age and write the rate here:	\$0.164	
2. Take your annual pre-disability earnings* and divide by 52:	\$500	
3. Multiply the answer to #2 by 60%. The plan maximum is \$1000:	\$300	
4. Multiply the answer to #3 by the rate in #1:	\$49.20	
5. Divide the answer to #4 by 10. This is your monthly cost:	\$4.92	

Monthly Rate per \$10 of Weekly Covered Benefit	
Age	Rate
< 24	\$0.232
25-29	\$0.232
30-34	\$0.244
35-39	\$0.164
40-44	\$0.128
45-49	\$0.144
50-54	\$0.152
55-59	\$0.200
60-64	\$0.228
65+	\$0.256

***Pre-disability Earnings** means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date You became Disabled. Pre-disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

1 These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Please read your certificate carefully for details regarding your benefits, reductions, limitations, and exclusions. Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

Pre-existing Condition Limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 months.

Pre-existing Condition means:

- 1) any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2) any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse, for which You received Medical Care during the 6 consecutive month period that ends the day before:
 - 1) your effective date of coverage; or
 - 2) the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

Treatment includes, but is not limited to:

- 1) medical examinations, tests, attendance or observation; and
- 2) use of drugs, medicines, medical services, supplies or equipment.

Exclusions: What disabilities are not covered? We will not pay a benefit for any disability:

- Unless you are under the regular care of a physician;
- That is caused or contributed to by war or act of war, whether declared or not;
- Caused by your commission of or attempt to commit a felony;
- Caused or contributed to by your being engaged in an illegal occupation;
- Caused or contributed to by an intentionally self-inflicted injury;
- For which Workers' Compensation benefits are paid, or may be paid, if duly claimed

- Sustained as a result of doing any work for pay or profit for another employer including self-employment

If you are receiving or are eligible for benefits for a disability under a prior disability plan that: was sponsored by your employer and was terminated before the effective date of the policy; no benefits will be payable for that disability under the policy.

Other Income Benefits:

Income you receive from other sources may offset your short-term disability benefit. Other Income Benefits means the amount of any benefit for loss of income, provided to You or Your family, as a result of the same period of Disability for which You are claiming benefits under The Policy. This includes any such benefits for which You or Your family are eligible or that are paid to You or Your family, or to a third party on Your behalf.

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